

## CITY OF GLENDALE APPLICATION FOR SPECIAL EVENT

APPLICATION 'RTQEGUUR I 'HGG<''85202	2			
APPLICANT:	TELE	PHON	E NUMBER:	
NAME OF ORGANIZATION:				
ADDRESS:				
Please fill out the information listed below	regarding yo	our eve	ent:	
TYPE OF EVENT:				
LOCATION:	_ DATE:		TIME:	
USE OF CITY PROPERTY:				
USE OF CITY SERVICES:				
AMPLIFIED SOUND PERMIT:				
HEALTH DEPARTMENT CLEARANCE: _				
COMPLETE DESCRIPTION OF EVENT:				
PLEASE ATTACH SITE PLAN				
SIGNATURE:		DAT	E:	

PLEASE RETURN THE COMPLETED APPLICATION FORM AND SITE PLAN TO:

CITY OF GLENDALE.



## CITY OF GLENDALE SPECIAL PERMIT PLOT PLAN

EVENT DATE:
LOCATION ADDRESS:
CONTACT PERSON:
Identify Existing: a) Building/Structures b) Paring Areas c) Streets (Label) d) Canony etc